Revision:	HCFA-P AUGUST		(BP	D)	ATTACHMENT 2.2-A Page 20 OMB NO.: 0938-
	State:			INDIANA	
Agency*	Citatio	n(s)		Groups	Covered
		В.	Option (Conti		han the Medically Needy
1902(cof the			,	under who are liv would be eligible if they were in a the State has mad	children age 18 or ing at home, who for Medicaid under the plan n institution, and for whom e a determination as required (2(e)(3)(B) of the Act.
				method that is us	TTACHMENT 2.2-A describes the ed to determine the cost caring for this group of at home.
(A)(i	a)(10) i)(IX) 902(1) e Act	<u> A</u> XV		mandatory categor does not exceed that an amount above not more than 185 poverty income leto ATTACHMENT 2.6 size, including the infant and who me	ividuals who are not cically needy whose income he income level (established to the mandatory level and experient of the Federal evel) specified in Supplement in A for a family of the same the woman and unborn child or eet the resource standards element 2 to ATTACHMENT 2.5-A:
			a.	Women during p 60-day period pregnancy); an	regnancy (and during the beginning on the last day of ad
			b.	Infants under	one year of age.

*Each County Welfare Department under the supervision of the Family & Social Service.

TN No. 91-22
Supersedes Approval Date 1-16-92
TN No. pew

Effective Date

HCFA ID: 7983E



		Revisio	n: HCFA-1 AUGUST		(BPD)		ATTACHMENT 2.2-A Page 21 OMB NO.: 0938-
			State:			INDIANA	
		Agency* (Citation(s)		Groups Cov	vered
				B. <u>Opt</u>	cional Grou ontinued)	ps Other Than	the Medically Needy
				15.	mandatory that does (establish of the Fed	categorically not exceed the ed at an amour eral poverty l 1 of ATTACHME	is who are not needy, who have income e income level nt up to 100 percent level) specified in ENT 2.6-A for a family
					Children w and who ha not attain	ve attained 6	fter September 30, 1983 years of age but have
					<u> </u>	ars of age; or	•
					<u> </u>	ars of age.	
*Foob	Country	Walfara Dan	ertmont un	dor the	supervisio	n of the Famil	ly & Social Services Admin.
"Laci	Country	TN No. 9	1 00				
		Supersedes TN No.	vew App	proval D	Date 1-16-	72	Effective Date 1-1-92
							HCFA ID: 7983E



Revision:	AUGUST 1991	4 (BPD) INDIANA	ATTACHMENT 2.2-A Page 22 OMB NO.: 0938-
Agency*	Citation(s)	Grou	ps Covered
	a)/ K) 902(m) nd (3)	(Continued) 16. Individuals— a. Who are 65 year are disabled, a section 1614(a) Both aged and dunder this elige b. Whose income do (established at the Federal incomplement 1 to of the same size c. Whose resources amount allowed more restrictive the State's medical size of the same size and the state's medical size of the same size of the s	es not exceed the income level an amount up to 100 percent of come poverty level) specified in ATTACHMENT 2.6-A for a family
TN No. 9	11 - 22	the supervision of the eval Date $1-16-92$	Family & Social Services Admin. Effective Date 1-1-92

*Each County



Revision: HCFA-PM-92 -1

FEBRUARY 1992

(MB)

ATTACHMENT 2.2-A Page 23

STATE	PLAN	UNDER	TITLE	xix	OF	THE	SOCIAL	SECURITY	ACT

	State:	INDIANA
	COVERAGE	AND CONDITIONS OF ELIGIBILITY
Citation(s)		Groups Covered
	В.	Optional Groups Other Than the Medically Needy (Continued)
1902(a)(47) and 1920 of the Act		"qualified provider" (as defined in \$1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920 of the Act.



TN No. 92-03
Supersedes Approval Date 4-24-92 Effective Date 1-1-92
TN No. 91-22

Revision: HCFA-PM-91-8 October 1991 (MB)

ATTACHMENT 2.2-A Page 23a OMB NO.:

	State/Territory: Indiana	
		···
Citation	Groups Covered	
в.	Optional Groups Other Than the Medically Needy (Continued)	
1906 of the Act	18. Individuals required to enroll in cost-effective employer-based group hea plans remain eligible for a mini enrollment period of months.	
1902(a)(10)(F) and 1902(u)(1) of the Act	19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 perc of the Federal poverty level, who resources are no more than twice the resource limit for an individual, and whom the State determines that the cof COBRA premiums is likely to be 1 than the Medicaid extenditures for equivalent set of services. See Supplement 11 to Attachment 2.6-A.	ose SSI for ost ess

TN No. 92-18				
Supercedes	Approval Date	9-23-93	Effective Date	
TN No			HCFA ID: 7982E	

Revision: HCFA-PM-91-8 October 1991 (MB)

ATTACHMENT 2.2-A
Page 23% continued
b J.H.

	State <u>INDIANA</u>		
Citation	Groups Covered		
	B. Optional Groups other than the medically needy (continued)		
1902(e)(12) of the Act	X 20. A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.		

TN No.

<u>98-018</u>

Supercedes TN ____

Approval Date_

Effective Date <u>9-1-98</u>

Revision:	HCFA-PM-91 AUGUST 1991 State:		BPD)	INDIANA	ATTACHMENT 2.2-A Page 24 OMB NO.: 0938-
				INDIANA	
Agency*	Citation(s)			Groups Cov	ered
	c.	Optiona	. Cover	rage of the Medic	ally Needy
42 CFF	R 35.301	This pla	in incl	udes the medical	ly needy.
		<u>√XX</u> No	٠.		
			s. Th	nis plan covers:	
		resou	rces,	omen who, except would be eligible EXIX of the Act.	for income and/or as categorically needy
1902(e Act	e) of the	for a rece: the a ends they post; pericand a	nd hav ve Med approve Thes were p artum od, beg	se women continue pregnant, for all services under the ginning with the co	dicaid and
	1)(10) 1)(I) 2 Act	incom	e and/	under age 18 who or resources, wor on 1902(a)(10)(A)	ıld be eligible

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	Approval Date	1-16-92	Effective Date 1-1-92
TN No. <u>89-2</u>			HCFA ID: 7983E



Revision:	HCFA-PM-91 AUGUST 1991	-4 (BPD)	ATTACHMENT 2.2-A Page 25 OMB NO.: 0938-
	State:	INDIANA	
Agency*	Citation(s)	G	roups Covered
the Ac	e)(4) of	4. Newborn children be October 1, 1984 to as medically needy Medicaid on the dais deemed to have Medicaid on the da for one year so lo and the child is a secribed in under the age 21 20 19 18 or studen	a woman who is eligible and is receiving te of the child's birth. The child applied and been found eligible for te of birth and remains eligible ng as the woman remains eligible member of the woman's household. eligible individuals who are not section C.3. above and who are
		b. Reasonable c eligible ind 19, or 18 as	cal training lassifications of financially ividuals under the ages of 21, 20, specified below:
		assumi	duals for whom public agencies are ng full or partial financial sibility and who are:
			foster homes (and are under the age).
			private institutions (and are under age of).
TN No. Supersedes TN No.	91-22 86-8 Appr	coval Date	Z Effective Date 1-1- HCFA ID: 7983E



Revision:	HCFA-PM-91-4 AUGUST 1991	4 (BPD)	ATTACHMENT 2.2-A Page 25a
	State:		OMB NO.: 0938-
Agency*	Citation(s)		Groups Covered
	c. <u>c</u>	Optional Cov	erage of Medically Needy (Continued)
			(c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).
		(2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).
		(3)	Individuals in NFs (who are under the age of). NF services are provided under this plan.
		(4)	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of).
		(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
		(6)	Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> .
	91-22		1_//_92
Supersede:	86-8 Appro	oval Date	1-16-72 Effective Date 1-1-92



HCFA ID: 7983E

Revision:	HCFA-PM-91-AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 26 OMB NO.: 0938-
	State:	INDIAN	IA OMB NO.: 0938-
Agency*	Citation(s)		Groups Covered
	C.	Optional Coverage of	Medically Needy (Continued)
42 CFR	435.310	6. Caretaker relat	cives.
42 CFR and 43	435.320 <u>/</u> / 5.330	7. Aged individual	s.
42 CFR and 43		8. Blind individua	ds.
42 CFR and 43	435.324 <u>/</u> / 5.330	9. Disabled indivi	duals.
42 CFR	435.326 /_/	not enrolled in individuals are	would be ineligible if they were an HMO. Categorically needy covered under 42 CFR 435.212 and apply to medically needy
435.34	0	11. Blind and disab	led individuals who:
		a. Meet all cur eligibility criteria;	rent requirements for Medicaid except the blindness or disability
		b. Were eligibl 1973 as blin	e as medically needy in December d or disabled; and
		c. For each con continue to criteria.	secutive month after December 1973 meet the December 1973 eligibility
N No. 9 Supersedes N No. 8	1-22 Approx	val Date 1-16-92	Effective Date 1-1-92



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